

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101551527

FILING DATE

11-21-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2							
3	1						
4	100						
5	0						
6	1						
7	0						
8	0						
9	0						
10	0						
11			1				
12							
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50							
TOTAL IND.		↓	3	↓		↓	
TOTAL DEP.		↔	7	↔		↔	
TOTAL CLAIMS			10				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		↔		↔		↔	
TOTAL CLAIMS							

CBW